

which will lead to an elimination or at least a stoppage in the development of certain of the county hospital mal-activities. That is one of the hopeful signs on an otherwise rather uninviting county hospital horizon.

* * *

The Article by J. M. Peirce in the Department of Public Relations Column.—The attention of all readers of this journal is called to an article in the present issue in which "The Status of California County Hospitals" is discussed by John M. Peirce, M. B. A., economist of the California Taxpayers Association. This contribution is printed in the Department of Public Relations column (page 204).

In that article Mr. Peirce presents some illuminating figures and comments. Especially interesting is the table compiled from the *Journal of the American Medical Association* hospital number showing the number of patients respectively treated in tax-supported and private hospitals in forty-three California counties. The facts and figures presented explain why every county medical society in California should give a portion of one of its September programs to a consideration of this paper, both in its general relationships and in its applications to its own county. It is also apparent why every county medical society committee on county hospital and associated institutions and activities should be more than a figurehead committee. Every such committee should obtain a copy of the last annual report of its own county hospital and have at least a first hand knowledge of the scope of the activities of the institution, the economic resources of the patients admitted, the complexion of its resident and attending staffs, the extent to which political or other detrimental influences improperly enter into the management of the institution, as well as of other matters of medical, economic and social interest. When such reports are presented to the county societies, provision should be made for proper discussion. A copy of each report should be sent to the California Medical Association Department of Public Relations because the State Association needs accurate and comprehensive data concerning every one of the county hospitals of California.

* * *

Some Interesting Excerpts from Mr. Peirce's Article.—Mr. Peirce in his paper calls attention to the fact that

"... Whereas last year the 313 private hospitals in the state cared for an average of 10,873 patients, the 67 county hospitals cared for an average of 10,034 patients or 49 per cent of the total. Thus, nearly half of our population is dependent upon charity when in need of hospital care."

The California pauper act, concerning which considerable has been printed in the past in this journal,* is also discussed by Mr. Peirce, and he

calls attention to an improper application of that act in the following paragraph:

"... The state law governing the responsibility of the counties in connection with the dependent poor is known as the 'Pauper Act.' In the strict meaning of the word, an indigent or pauper is a destitute person, having neither money nor a personal source of money. Yet, it is common knowledge that counties do not limit hospital admissions to paupers. Because of a vague definition of the word 'indigent,' much unwarranted use of county hospitals exists."

One other quotation from this article by a layman may here be given for emphasis:

"... The fact still remains, however, that the taxpayers are providing free care for nearly half of our general hospital population. Obviously, this proportion is too great, and only because of laxity in admitting patients to county hospitals has this condition been allowed to develop. Not only has it placed a substantial burden on the taxpayers, but the practice deprives private hospitals and practicing physicians and surgeons of patronage to which they are entitled.

"During the extended period of prosperity which culminated in October, 1929, our citizens appeared largely indifferent to abuses such as these. Everyone seemed to be prosperous enough to ignore the rising tide of taxation. Governmental services were expanded and costs mounted. The burden grew, but the public appeared quite able to carry it. Conditions have now changed, however, and we find it necessary to scrutinize each and every dollar more closely. Thus, the cost of our county hospitals is a matter of grave concern to the taxpayer, not from the standpoint of evading a social responsibility, but rather with the view of eliminating the abuse to which these institutions have been subjected. . . ."

As already stated, it is hoped that all readers of CALIFORNIA AND WESTERN MEDICINE will take the time to read and think about Mr. Peirce's analysis of certain phases of California county hospitals. It is also hoped that members of county medical societies in California will insist on a discussion of this important and complicated problem at early meetings. Suggestions and information from county societies concerning their county hospitals will be gladly welcomed by the California Medical Association Department of Public Relations. That newly organized department of the California Medical Association can only function to best advantage when it has the full coöperation of the component county medical societies. It is earnestly hoped that such coöperation will be generously given. The county hospital situation in California can be clarified and improved if all county medical societies will accept their responsibilities in the solution of that problem by study of their local conditions and reporting thereon as above indicated.

CUBAN DOCTORS ON STRIKE

That Seemingly Impossible Event, "A Doctors' Strike," Becomes a Reality in Cuba.—The caption "Cuban Doctors on Strike" appeared in the Los Angeles *Times* of August 17 last, at the heading of a dispatch from Havana. The article is reprinted in this number of CALIFORNIA AND WESTERN MEDICINE (page 207), because it presents a concrete example of a suggestion not infrequently heard in recent years when the activities

* Editor's Note.—California and Western Medicine of March, 1931, page 219, prints some interesting information concerning California laws and activities having a relationship to the Pauper Act.

of certain county hospitals in California have been under discussion. We have always waived aside the plan of a strike because of our belief that such an effort, no matter how justified, if attempted anywhere in the United States, would probably do more harm than good and fail of its purpose. It is interesting to note that in another part of the world, namely in Cuba, such a "doctors' strike" has actually occurred. It is to be hoped that future news dispatches will inform the American medical profession of the ultimate results of this new foreign flare in medical economics.*

* * *

"Cuban Health Insurance Societies" Were Discussed in the February California and Western Medicine.—Readers of this JOURNAL may recall that in the February CALIFORNIA AND WESTERN MEDICINE (page 116), were printed some comments under the heading: "Health Insurance Societies in Cuba—Pseudo State Medicine, and with a Vengeance." Those comments were based on the editor's observations of Cuban "health societies" and of the Cuban Medical Federation on a visit he made during the recent Christmas holidays. An article in the same issue, pages 139-141, was illustrated with exterior and interior views of one of the Havana health association "palaces."

The importance to American organized medicine of having accurate information concerning the Cuban health associations, and of the deplorable conditions existing in Cuban medical practice, led the California Medical Association to present at this year's New Orleans meeting of the American Medical Association some resolutions dealing with that subject. In those resolutions (page 253 of the April CALIFORNIA AND WESTERN MEDICINE), the American Medical Association was requested to have a survey made of Cuban medical practice and health associations and to disseminate the information so collected among the constituent state medical associations. At the time the editor wrote his observations he had little thought that the tension existing between the Cuban Medical Federation and the health insurance societies of that country would manifest itself at so early a day in "a doctors' strike," although some of the Cuban colleagues stated to him that, if conditions could not be improved otherwise, a "strike" might be a necessary consequence.

* * *

Cuban "Health Insurance Societies" Would Not Compromise.—The conditions which existed in December last, and which were discussed in the February CALIFORNIA AND WESTERN MEDICINE, evidently became more acute during this present year. The dispatch states:

"Inability to arrive at a satisfactory solution following six weeks of bitter controversy resulted in the strike."

The strike evidently precipitated a situation so acute as to lead to prompt recognition and inter-

vention by the Cuban Government, as witness the following paragraphs:

"President Machado tonight decreed immediate government intervention in the strike today. Octavio Zubi-Zarotta, Secretary of the Interior, was ordered to take steps to assume control of all private Spanish regional associations and medical institutions.

"Zubi-Zarotta ordered the Secretary of Sanitation, Carlos D. Cespedes, to appoint government physicians to replace strikers so that patients' lives will not be endangered.

"The President sent an urgent message to directors of the Medical Federation demanding that the physicians return to their posts immediately and promising government arbitration and settlement within seventy-two hours."

* * *

Governmental Intervention and Promise of Arbitration Probably Called Off the Strike.—In an evening Los Angeles paper of August 17 appeared a dispatch under the heading "Cuban Doctors Back at Work," one paragraph of the text reading as follows:

"Havana, Cuba, Aug. 17.—Physicians who called a strike of doctors in six coöperative society clinics on Monday night relented today and returned to their posts temporarily, pending efforts to settle the controversy."

* * *

Organized Medicine in Cuba and America Face Different Environments.—The conclusion to be drawn from the above later dispatch is that the Cuban Medical Federation probably accepted President Machado's offer of arbitration and prompt settlement of the issues in dispute.

For those who would be tempted to invoke similar action in America, it is well to remember, as was stated in the February editorial comments, that practically every physician in Cuba is a member of the Cuban Medical Federation, and that the organization seemingly has much greater disciplinary power than exists in medical organizations of the United States. The official journal of the Cuban Medical Federation prints stenographic reports of all meetings of the board of directors of the organization, so that members of the Federation are as familiar with the issues under discussion, and the future steps contemplated, as are the directors themselves. The existence of such conditions in part explains why the Cuban Medical Federation was able to take its somewhat drastic action. Perhaps a real betterment of medical practice conditions in Cuba will be the result.

In the interest of medical organizations in the United States, it is to be hoped that the Board of Trustees of the American Medical Association has or will authorize the collection of adequate information on the Cuban medical situation. Through such facts the physicians of the United States will be able properly to orientate themselves in regard to the health insurance and medical practice problems in question and thus be in position more promptly to recognize American tendencies in similar directions. To be forewarned is to be forearmed.

* As this issue of California and Western Medicine goes to press, comment on the Cuban medical situation is noted in the JOURNAL A. M. A. of August 27, page 765.